

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

12

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		683911.43
(b) Cash on Hand at Beginning of Reporting Period	797098.46	
(c) Total Receipts (from Line 19)	96711.07	596659.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	893809.53	1280570.48
7. Total Disbursements (from Line 31)	45190.02	431950.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	848619.51	848619.51
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	85487.50	506274.00
(i) Itemized (use Schedule A)	8527.50	73309.75
(ii) Unitemized	94015.00	579583.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	94015.00	579583.75
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2696.07	17075.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	96711.07	596659.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	96711.07	596659.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2340.02	11532.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2340.02	11532.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	413852.31
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2350.00	6566.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	2350.00	6566.25
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45190.02	431950.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45190.02	431950.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	94015.00	579583.75
34. Total Contribution Refunds (from Line 28(d))	2350.00	6566.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91665.00	573017.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2340.02	11532.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2340.02	11532.41

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 85

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Arthur Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address Pacific Eye Assoc 2100 Webster Suite 214		Transaction ID: 3LLPY786678
City San Francisco	State CA	Zip Code 94115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Manek Anklesaria		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2325 S Harvard Avenue Suite 307		Transaction ID: 7CLPN6614874
City Tulsa	State OK	Zip Code 74114-3307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) William Atlee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 227 Eastern Avenue		Transaction ID: 7CLPN6593568
City Augusta	State ME	Zip Code 04330-5951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Sterling Baker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Suite 101 14000 N Portland Avenue		Transaction ID: 74MM4O472699
City Oklahoma City	State OK	Zip Code 73134-4004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Tracy Baltz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 2900 N Fillmore Street		Transaction ID: 0836412
City Little Rock	State AR	Zip Code 72207-2813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Roger Alfred Barth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 160 Heritage Way		Transaction ID: 3O1QKY251055
City Kalispell	State MT	Zip Code 59901-3161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Behar Mailing Address 2610 E Allegheny Avenue City Philadelphia State PA Zip Code 19134-5104 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7 Transaction ID: 4ed58eb0970ae6ed08b6 Amount of Each Receipt this Period 91.25
B. Full Name (Last, First, Middle Initial) John Belardo Mailing Address 11308 N Pennsylvania Avenue City Oklahoma City State OK Zip Code 73120-7752 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7 Transaction ID: 3LLQ2A384484 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Stanley Berke Mailing Address Floor 3 Attn: MS Cicero 360 Merrick Road City Lynbrook State NY Zip Code 11563-2500 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: DGL74W233868 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)		956.25
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Timothy Bonner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address John L Bonner Eye Clinic 1542 Golf Course Road Suite 201		Transaction ID: DGL738651172	
City State Zip Code Grand Rapids MN 55744		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
B. Full Name (Last, First, Middle Initial) Daniel Koffler Bregman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 342 22nd Ave N		Transaction ID: 40352CD7-E5EB-409E-	
City State Zip Code Nashville TN 37203-1844		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) M Todd Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address Gaston Eye Assoc 2325 Aberdeen Boulevard Suite A		Transaction ID: 789911E9-48BE-4476-	
City State Zip Code Gastonia NC 28054-0614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Thomas Byrd Mailing Address 4265 Cherry Hill Drive East City Orchard Lake State MI Zip Code 48323 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 11 / 29 / 2007 Transaction ID: 92DD9319-3D9F-4E57- Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Kenneth Cahill Mailing Address Suite 430 262 Neil Avenue City Columbus State OH Zip Code 43215-7312 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 14 / 2007 Transaction ID: 79ZSF7475565 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Eugenio Candal Mailing Address 77 Marion St Apt 207 City Brookline State MA Zip Code 02446-4779 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 11 / 06 / 2007 Transaction ID: A45DD80B-8198-48EF- Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Louis Cantor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Department of Ophthalmology 702 Rotary Circle		Transaction ID: 0786480
City Indianapolis State IN Zip Code 46202-5175	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Jeffrey Carlisle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 3975 Lawrenceville Highway Northwe		Transaction ID: 0165741
City Lilburn State GA Zip Code 30047-2817	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Denise Chamblee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 11800 Rock Landing Drive		Transaction ID: 0932531
City Newport News State VA Zip Code 23606-4206	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Joseph Chappell

Mailing Address 610 Brunson Drive

City State Zip Code
Tupelo MS 38801-4947

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 0934373

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

James Chodosh

Mailing Address Dean McGee Eye Institute - Ouhsc
608 Stanton L Young Boulevard

City State Zip Code
Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: DGL738261854

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Ravi Chundru

Mailing Address Suite 101
845 FM 1960 Rd. W

City State Zip Code
Houston TX 77090-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 301QKY168522

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Clark Cobble Mailing Address 734 Main Street City Danville State VA Zip Code 24541-1819 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 02 / 2007 Transaction ID: DGL738566232 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Joel Confino Mailing Address Eye Care and Surgery Center 592 Springfield Avenue City Westfield State NJ Zip Code 07090 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 14 / 2007 Transaction ID: 79ZSF7429653 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) David Locke Cooke Mailing Address 4842 W Chapin Lane City Berrien Springs State MI Zip Code 49103-9631 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 13 / 2007 Transaction ID: 3O1QML347492 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) George Cooper Mailing Address Suite 101A 2139 Valleygate Drive City Fayetteville State NC Zip Code 28304-3666 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 11 / 22 / 2007 Transaction ID: fbd8e2ba2c308b4f6fe Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Michael Daun Mailing Address Suite 330 2055 Reading Road City Cincinnati State OH Zip Code 45202-1439 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 21 / 2007 Transaction ID: 77A3SD657546 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Terry Dawson Mailing Address Suite 430 1890 Al Highway 157 City Cullman State AL Zip Code 35058-0689 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 19 / 2007 Transaction ID: 301QKY227186 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kevin Denny		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 2201 Webster Street		Transaction ID: 79ZSW5915935
City State Zip Code San Francisco CA 94115-1820	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Hardeep Dhindsa		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 7
Mailing Address 1102 Happy Valley Court		Transaction ID: EFF02G762373
City State Zip Code Reno NV 89511-1048	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Christopher Dickens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Suite 103 491 30th Street		Transaction ID: 74MM4O184948
City State Zip Code Oakland CA 94609-3235	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Louise Doyle Mailing Address 2020 Kenny Road City Columbus State OH Zip Code 43221-3502 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 3O1QKY143812 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Daniel Drysdale Mailing Address 3645 S Main Street City Blacksburg State VA Zip Code 24060-7018 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 74MM4O377567 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Thomas Duncan Mailing Address E Texas Eye Assoc 1306 Frank Avenue City Lufkin State TX Zip Code 75904 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7 Transaction ID: 3LLPXY236283 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Shehab Ebrahim		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 4717 Woodland Avenue		
City	State	Zip Code
Metairie	LA	70002-1361
FEC ID number of contributing federal political committee.		Transaction ID: c8fcac2374d269b186a
Name of Employer self		Amount of Each Receipt this Period 250.00
Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Robert Malcolm Edwards		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1240 Colonial Commons		
City	State	Zip Code
Lancaster	SC	29720-2200
FEC ID number of contributing federal political committee.		Transaction ID: 74MM4O743005
Name of Employer self		Amount of Each Receipt this Period 500.00
Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Timothy Ehlen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 2805 Campus Drive Suite 105		
City	State	Zip Code
Plymouth	MN	55441-2677
FEC ID number of contributing federal political committee.		Transaction ID: 0207561
Name of Employer self		Amount of Each Receipt this Period 500.00
Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

David Keith Emmel

Mailing Address 1260 Silas Deane Highway

City State Zip Code
Wethersfield CT 06109-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 74MM4O800714

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Robert Engstrom

Mailing Address 4745 Yarmouth Ave

City State Zip Code
Encino CA 91316-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: A619FDF2-0E11-4C02-

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

James Fleming

Mailing Address Suite 100
930 Madison Avenue

City State Zip Code
Memphis TN 38103-7409

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: DGL738231387

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Peter Forgach Mailing Address 405 International Drive City State Zip Code Williamsville NY 14221-5725 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 19 / 2007</div> Transaction ID: 3O1QKY922865 Amount of Each Receipt this Period <div>250.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Brian Francis Mailing Address Suite 4804 1450 San Pablo Street City State Zip Code Los Angeles CA 90033-4500 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 09 / 2007</div> Transaction ID: 7CLPN6713532 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Samuel Friedel Mailing Address 827 Linden Avenue City State Zip Code Baltimore MD 21201-4606 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 28 / 2007</div> Transaction ID: E7F11X404680 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Fritz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 212 N Larkin Avenue		Transaction ID: 74MM4O692796
City Joliet	State IL	Zip Code 60435-6604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Edgar Gamponia		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 1 Physician's Plaza Suite 282		Transaction ID: 3LLPXY568021
City Fairmont	State WV	Zip Code 26554-1470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Gary Ganiban		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 1995 W Nasa Boulevard		Transaction ID: 3LLPXY686314
City Melbourne	State FL	Zip Code 32904-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Timothy Gess

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Hawthorne Street

City State Zip Code
 Alexandria MN 56308-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 7

Transaction ID: 0347954

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Andrew Gillies

Full Name (Last, First, Middle Initial)

Mailing Address 1 Lyons Street

City State Zip Code
 Dedham MA 02026-5599

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 77A3I6326178

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C. Sanjay Goel

Full Name (Last, First, Middle Initial)

Mailing Address 5824 Wild Orange Gate

City State Zip Code
 Columbia MD 21029-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 7

Transaction ID: 77A3SD739473

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stacia Goldey

Mailing Address 17560 US Highway 441

City State Zip Code
 Mount Dora FL 32757-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 7

Transaction ID: 1637653443a94596974

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Roy Goodart

Mailing Address Suite 200
 4400 S 700 E

City State Zip Code
 Salt Lake City UT 84107-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7308451

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Bruce Gordon

Mailing Address 170 Maple Avenue

City State Zip Code
 White Plains NY 10601-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 77A3I6692273

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Edward Graul		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address 251 Moosa Boulevard		Transaction ID: 36b777a8c723b1fada1
City Eunice	State LA	Zip Code 70535-3638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 273.75	

B. Full Name (Last, First, Middle Initial) Daniel Greenberg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address Suite 256E 800 Austin Street		Transaction ID: DGL74W877581
City Evanston	State IL	Zip Code 60202-3477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Christopher Greer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address Cooper Clinic PO Box 3528		Transaction ID: 6038046469ebdbf9818
City Fort Smith	State AR	Zip Code 72913-3528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

581.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Steven Grosser		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 7
Mailing Address Suite 215 5851 Duluth Street		Transaction ID: FDAC7559-9551-442B-
City Golden Valley	State MN	Zip Code 55422-3956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Robert Grosserode		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address PO Box 2539 3747 Sunset Lane		Transaction ID: E7F11X057075
City Antioch	State CA	Zip Code 94531-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Anthony Grosso		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 4101 Brookside Court		Transaction ID: DGL738532835
City Orwigsburg	State PA	Zip Code 17961-9308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kurt W Guelzow		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address Vistar Eye Center PO Box 1789		Transaction ID: 3LLQ2A872455
City Roanoke	State VA	Zip Code 24008-1789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Donald Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Steen-Hall Eye Inst 2611 Greenwood Road		Transaction ID: 74MM4O583805
City Shreveport	State LA	Zip Code 71103-3907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Robert Harbin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boulevard		Transaction ID: 74MM4O824706
City Rome	State GA	Zip Code 30165-1698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) M Harmon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Levacy and Harmon Eye Center 3345 Plaza Ten Dr. Suite B		Transaction ID: 74MM4O415091
City Beaumont	State TX	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) David Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address Suite 324 1928 Alcoa Highway		Transaction ID: DGL74W492186
City Knoxville	State TN	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) H King Hartman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 516 Pellis Road		Transaction ID: F1A8226C-A5F7-43DC-
City Greensburg	State PA	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Paul Harton			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boulevard			Transaction ID: 4917a7f86c30c6c906bd	
City State Zip Code Rome GA 30165			Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C				
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
B. Full Name (Last, First, Middle Initial) Christopher Haupt			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7	
Mailing Address Iowa Retina Consultants 1501 50th Street Suite 133			Transaction ID: 590d6fe040559a3166c	
City State Zip Code West Des Moines IA 50266			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C				
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 273.75		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
C. Full Name (Last, First, Middle Initial) Jean Hausheer			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 4322 N Hickory Lane			Transaction ID: 74MM4O250523	
City State Zip Code Kansas City MO 64116-1664			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

716.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Sarah Hays

Mailing Address 250 State Farm Parkway

City

Birmingham

State

AL

Zip Code

35209-7181

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 0474728

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Bernhard Heersink

Mailing Address Suite 1
21 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3873

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: DGL738469586

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Bonnie A Henderson

Mailing Address 102 Pegan Ln

City

Dover

State

MA

Zip Code

02030-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: D4B13922-8AD2-45E9-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gary Hirshfield Mailing Address Suite 102 4231 Colden Street City State Zip Code Flushing NY 11355-3981 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 3O1QKY886173 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Paul Hiss Mailing Address 2285 Green Vista Drive City State Zip Code Sparks NV 89431-1071 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 Transaction ID: 4a8694e37459768bec17 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) K Frederick Ho Mailing Address 8040 N Wickham Road City State Zip Code Melbourne FL 32940-8298 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: 79ZSF7605592 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Hopp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address Suite 101 3999 Englewood Avenue		Transaction ID: E7F10D336099
City Yakima	State WA	Zip Code 98902-6341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Mark Hornfeld		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 125 W 79th Street		Transaction ID: 77A3I6484423
City New York	State NY	Zip Code 10024-6454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Ana Huaman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 7916 William Moyers Avenue Northea		Transaction ID: 3LLQ6J838011
City Albuquerque	State NM	Zip Code 87122-2739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ivan Jacobs Mailing Address 10 Mountain Blvd City Warren State NJ Zip Code 07059-2639 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: DGL74W372860 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Robert Jaffee Mailing Address 1 Rykowski Lane City Middletown State NY Zip Code 10941-4019 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7 Transaction ID: DGL738285003 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Gary Jamell Mailing Address Suite 120 3601 S Clarkson Street City Englewood State CO Zip Code 80113-3945 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 Transaction ID: ad477642f0ed2e72277 Amount of Each Receipt this Period 91.25

SUBTOTAL of Receipts This Page (optional)

1341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address Suite 210 8101 E Lowry Boulevard		Transaction ID: 77A3SD846755
City State Zip Code Denver CO 80230-7195	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1250.00	Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) John Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address Johnson City Eye Clinic 110 Med Tech Parkway		Transaction ID: f679aa67705408a7a18
City State Zip Code Johnson City TN 37604-2256	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Leonard Alan Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address Sierra Eye Assoc 950 Ryland Street		Transaction ID: 74f83120cb57317826b
City State Zip Code Reno NV 89502	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Murray Johnstone

Mailing Address Suite 1124

1221 Madison Street

City

Seattle

State

WA

Zip Code

98104-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 0753618

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Rebecca Jones

Mailing Address 1424 East Front Street

City

Tyler

State

TX

Zip Code

75702-8501

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 74MM4O722429

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Aarchan Joshi

Mailing Address 520 N Prospect Street
Suite 206

City

Redondo Beach

State

CA

Zip Code

90277-3042

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 3O1QKY465512

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Lawrence Kahn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 5881 E Sapphire Ln		Transaction ID: fa74beacc37f3e6023c
City Paradise Valley	State AZ	
Zip Code 85253-2203		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Jeffrey Kaplan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 4699 Main Street Suite 106		Transaction ID: 79ZSF7544572
City Bridgeport	State CT	
Zip Code 06606-1830		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Lorne Kapner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address North County Eye Center 225 E 2nd Avenue Suite 310		Transaction ID: 77A3SD842838
City Escondido	State CA	
Zip Code 92025-4244		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kenneth Kato Mailing Address 2020 Fleischmann Road City State Zip Code Tallahassee FL 32308-4599 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 77A3I6105343 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) John Kennedy Mailing Address 1675 Providence Avenue City State Zip Code Schenectady NY 12309-3919 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: 0013473 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Paul Keown Mailing Address 309 West 37th Street City State Zip Code Vancouver WA 98660-1945 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 301QKY566063 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Natalie Kerr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address Suite 470 930 Madison Avenue		Transaction ID: 3LLPY855775
City Memphis	State TN	Zip Code 38103-7400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Dennis Khoury		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 8118 Bustleton Avenue		Transaction ID: E7F11X522181
City Philadelphia	State PA	Zip Code 19152-2803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) William Kilpatrick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 7550 E 2nd Street		Transaction ID: DGL738419960
City Scottsdale	State AZ	Zip Code 85251-4504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 865.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Nicholas Kokoris Mailing Address 7749 South Painter Avenue City State Zip Code Whittier CA 90602-2411 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 01 / 2007</div> Transaction ID: 2ULDID138822 Amount of Each Receipt this Period <div>250.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Carol Kolinsky Mailing Address 1015 S Lincoln Road City State Zip Code Escanaba MI 49829-2100 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 26 / 2007</div> Transaction ID: 3LLQ6J424687 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Stephen Kondash Mailing Address Suite 300 2841 Boudinot Avenue City State Zip Code Cincinnati OH 45238-2496 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 19 / 2007</div> Transaction ID: 3O1QKY124807 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Karanjit Kooner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 5323 Harry Hines Boulevard		Transaction ID: 0864866
City State Zip Code Dallas TX 75390-7208	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Marvin Kraushar		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 509 East Broad Street		Transaction ID: 79ZSW5668387
City State Zip Code Westfield NJ 07090-2115	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Kristine Kunesh-Part		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 2601 Far Hills Avenue		Transaction ID: 79ZSF7170212
City State Zip Code Dayton OH 45419-1634	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Paul Langer Mailing Address 6th Floor Doc 90 Bergen Street City Newark State NJ Zip Code 07103-2425 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: 79ZSF7631677 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Jeffrey Lanier Mailing Address Houston Eye Assoc Building 2855 Gramercy at Brompton City Houston State TX Zip Code 77025 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 7 Transaction ID: 46b8b92b17b96e135915 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Wayne Larrison Mailing Address Court Retina Consultants Llc 46 Prince St. Suite 402-A City New Haven State CT Zip Code 06519 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 77A3I6212961 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Mitchel Lautenberg

Mailing Address Ocean Eye Institute
601 Route 37 W

City State Zip Code
Toms River NJ 08755

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: E7F11X154924

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Adrian Lavina

Mailing Address Suite 220
3399 Pga Boulevard

City State Zip Code
Palm Beach Gardens FL 33410-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 3O1QKY890468

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jerry Lehmann

Mailing Address 3129 College Street

City State Zip Code
Beaumont TX 77701-4660

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7369343

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Leah Levi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address Ucsd Department of Ophth Shiley Eye Center 0946		Transaction ID: 3LLPXY521149
City La Jolla	State CA	Zip Code 92093-0946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Monique Leys		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address West Virginia University Eye Insti PO Box 9193		Transaction ID: a33984da30cc18f433d
City Morgantown	State WV	Zip Code 26506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

C. Full Name (Last, First, Middle Initial) Jeffrey Todd Liegner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address Eye Care Northwest 350 Sparta Avenue Building A		Transaction ID: 3LLPXY666823
City Sparta	State NJ	Zip Code 07871
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1456.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kim Lindenmuth Mailing Address 45 South Park Boulevard Suite 375 City State Zip Code Glen Ellyn IL 60137-6291 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 28 / 2007</div> Transaction ID: E7F11X135205 Amount of Each Receipt this Period <div>250.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street City State Zip Code Bryan TX 77802-2504 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>275.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 20 / 2007</div> Transaction ID: 74MM4O477237 Amount of Each Receipt this Period <div>25.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Richard Lindstrom Mailing Address Suite 200 9801 Dupont Avenue S City State Zip Code Bloomington MN 55431-3200 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 20 / 2007</div> Transaction ID: 74MM4O195724 Amount of Each Receipt this Period <div>1000.00</div> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Peter Lou		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Suite 106 10 Hawthorne Place		Transaction ID: 78bd4adf518f54c3fa9	
City State Zip Code Boston MA 02114-2336		Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.75	
B. Full Name (Last, First, Middle Initial) Gerald Loushin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 8642 Upland Lane N		Transaction ID: DGL738587322	
City State Zip Code Maple Grove MN 55311-1561		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Bryant Lum		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7	
Mailing Address Suite A 3088 Telegraph Road		Transaction ID: 65011a666eaf5041c00	
City State Zip Code Ventura CA 93003-3235		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

716.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Matthew Paul Madion Mailing Address 929 Business Park Drive City State Zip Code Traverse City MI 49686-8683 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 3O1QKY841785 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address Suite 102 20 Squadron Boulevard City State Zip Code New City NY 10956-5232 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7 Transaction ID: 7CLPN6571101 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Barry Maltzman Mailing Address Sixth Floor 600 Pavonia Avenue City State Zip Code Jersey City NJ 07306-2932 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 77A3I6153777 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Margolies Mailing Address Suite 205 3355 Burns Road City State Zip Code Palm Beach Gardens FL 33410-4356 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7 Transaction ID: a59af834a278b10c78f Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) William Marks Mailing Address Suite 102 125 Oakside Court City State Zip Code Canton GA 30114-2498 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7 Transaction ID: 6E5VCF465892 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Benjamin Martin Mailing Address 4120 Del Prado Boulevard City State Zip Code Cape Coral FL 33904-7165 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: DGL74W349583 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Elias Mavrofrides Mailing Address 1025 Primera Boulevard City Lake Mary State FL Zip Code 32746-2175 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7 Transaction ID: 3LLQ2A451168 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) David McClure Mailing Address 1255 Pineview Drive City Morgantown State WV Zip Code 26505-2713 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 937.50		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7 Transaction ID: bffd69a5680aeeb9106 Amount of Each Receipt this Period 312.50
C. Full Name (Last, First, Middle Initial) David McCullough Mailing Address 33 King Street City Stratford State CT Zip Code 06615-5849 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7 Transaction ID: 053fb909223d353edc6 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

802.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John McGetrick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address Gessler Clinic 635 First St. N		Transaction ID: 8cdd9133cad4b4298e	
City State Zip Code Winter Haven FL 33881		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	
B. Full Name (Last, First, Middle Initial) Desmond McGuire		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Suite 220 1401 N Tustin Avenue		Transaction ID: 301QKY571612	
City State Zip Code Santa Ana CA 92705-8689		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Michael Edward Migliori		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address Suite 301 120 Dudley Street		Transaction ID: ecd7e11252bfde77fe7	
City State Zip Code Providence RI 02905-2429		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Carl Minning Mailing Address 2935 Maple Avenue City Zanesville State OH Zip Code 43701-1487 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 02 / 2007 Transaction ID: DGL738410242 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address Lansing Ophth 2001 Coolidge Road City East Lansing State MI Zip Code 48823 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 09 / 2007 Transaction ID: EDC360CC-5610-46C0- Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Frank Moya Mailing Address Suite 100 2025 Frontis Plaza Boulevard City Winston Salem State NC Zip Code 27103-5663 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 11 / 18 / 2007 Transaction ID: ae717a6925657742c19 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Najafi Mailing Address PO Box 13461 City State Zip Code La Jolla CA 92039-3461 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 01 / 2007 Transaction ID: 2ULDID388823 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Jerry Neuwirth Mailing Address Suite 822 85 Seymour Street City State Zip Code Hartford CT 06106-5527 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 14 / 2007 Transaction ID: 79ZSF7742185 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Jack Oats Mailing Address 47 Inlet View Path City State Zip Code East Moriches NY 11940-1605 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 26 / 2007 Transaction ID: 3LLPX542483 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Michael Oats		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address Sandwich Ophth PO Box 1022		Transaction ID: 2ULDID685235	
City Sandwich State MA Zip Code 02563		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial) Edgardo Ortiz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address PO Box 7428		Transaction ID: E7F11X722769	
City Ponce State PR Zip Code 00732-7428		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			
C. Full Name (Last, First, Middle Initial) Radu Pacurariu		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address Suite 201 920 Wyoming Avenue		Transaction ID: 49989e8a0e3195c8b7ef	
City Forty Fort State PA Zip Code 18704-3999		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gregory Panzo Mailing Address 2037 Crooked Lake Estates Lane City Eustis State FL Zip Code 32726-5721 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 7 Transaction ID: 4211b592e0359f0e3f33 Amount of Each Receipt this Period 625.00
B. Full Name (Last, First, Middle Initial) Karl Pappa Mailing Address 4847 Pleasant Valley Drive City Columbus State OH Zip Code 43220-5410 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: 0717149 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Larry Jeffrey Payne Mailing Address Suite C 535 Jesse Jewell Parkway City Gainesville State GA Zip Code 30501-3772 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7 Transaction ID: 3LLPXY883926 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 85

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Brian Perkovich		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 2253 W Mason Suite 100 PO Box 13097		Transaction ID: E7F11X546852
City Green Bay	State WI	Zip Code 54303-4706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) John Peters		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 7802 Davenport Street		Transaction ID: DGL738349086
City Omaha	State NE	Zip Code 68114-3629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 638.75	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Lan Phuong Pham		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 16 Nottingham Way		Transaction ID: DGL738037588
City Mahopac	State NY	Zip Code 10541-3774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Michael Pinnolis

Mailing Address 46 Cedar Street

City State Zip Code
 Newton Center MA 02459-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLQ2A735178

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Peter Pritchett

Mailing Address 1800 E Pavilion Place

City State Zip Code
 Montrose CO 81401-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 1 / 2 0 0 7

Transaction ID: 42f7ada434e1bba4f79

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

William Quayle

Mailing Address Houston Eye Associates
 2855 Gramercy

City State Zip Code
 Houston TX 77025

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: 3O1QML069342

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

James Rambasek

Mailing Address 7003 Pearl Road

City State Zip Code
 Middleburg Heights OH 44130-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 5 / 2 0 0 7

Transaction ID: DGL74W851123

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

John Reifschneider

Mailing Address Reifschneider Eye Center and Optic
 1001 6th Avenue Suite 100

City State Zip Code
 Leavenworth KS 66048-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 7

Transaction ID: 0562861

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address 207 S Santa Anita Ave
 Ste P25

City State Zip Code
 San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: E00BC684-DF60-4B97-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Martin Richler Mailing Address 20 Hope Avenue North 212 City Waltham State MA Zip Code 02453 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 11 / 06 / 2007 Transaction ID: 280AFC16-BEC4-4AE9- Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Gregory Riffle Mailing Address Suite 110 9485 Mentor Avenue City Mentor State OH Zip Code 44060-8724 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 02 / 2007 Transaction ID: DGL738456367 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Jesse Rigsby Mailing Address Suite 103 834 N Seminary Street City Galesburg State IL Zip Code 61401-2897 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 11 / 12 / 2007 Transaction ID: a19dd38e47066e27dde Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Ritch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address New York Eye and Ear Infirmary 310 E 14th Street		Transaction ID: 3LLQ2A391452	
City New York State NY Zip Code 10003		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
B. Full Name (Last, First, Middle Initial) David Robinson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address Delaware Eye Inst 18791 John J Williams Highway		Transaction ID: E7F11X782480	
City Rehoboth Beach State DE Zip Code 19971		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Catherine Rommel		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address Manning and Rommel Associates 2128 Embassy Drive		Transaction ID: 0834912	
City Lancaster State PA Zip Code 17603-2385		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Teresa RosalesMailing Address 4100 Long Beach Blvd
Ste 108

City	State	Zip Code
Long Beach	CA	90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	7

Transaction ID: E3CA0C40-7C14-47E1-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edwin Hurlbut Ryan

Mailing Address 7760 France Avenue S Suite 310

City	State	Zip Code
Minneapolis	MN	55435-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	7

Transaction ID: 405186deee71993a4dd9

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Sina John SabetMailing Address Suite 9
5130 Duke Street

City	State	Zip Code
Alexandria	VA	22304-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: DGL73K266233

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Norman Saffra		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Med and Surg Eyesite Pc 902 49th Street		Transaction ID: 0396686
City Brooklyn	State NY	Zip Code 11219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) David Saperstein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address Suite 1002 1221 Madison Street		Transaction ID: DGL74W535301
City Seattle	State WA	Zip Code 98104-1380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Frederick Sauerburger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address Suite 105 11345 Pembroke Square		Transaction ID: 77A3SD870488
City Waldorf	State MD	Zip Code 20603-4804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) M Charles Schlecte Mailing Address 321 Richland West Circle City Waco State TX Zip Code 76712-7919 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 11 / 18 / 2007 Transaction ID: 34a15df8767778cc77b Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Loren Schrenk Mailing Address Suite 201 12818 Tesson Ferry Road City St. Louis State MO Zip Code 63128-2945 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 21 / 2007 Transaction ID: 77A3SD673187 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Ronald Seff Mailing Address Golden Ring Executive Park 19 Fontana Lane Suite 108 City Baltimore State MD Zip Code 21237 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 02 / 2007 Transaction ID: 6E5VCF762196 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jane Semel Mailing Address Suite 906 8540 S Sepulveda Boulevard City State Zip Code Los Angeles CA 90045-3828 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 7 Transaction ID: 56f3ba4b5f5f753e3c6 Amount of Each Receipt this Period 91.25
B. Full Name (Last, First, Middle Initial) Richard Sherry Mailing Address Suite 234 2500 Grubb Road City State Zip Code Wilmington DE 19810-4796 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: 301QKY118808 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) David Silbert Mailing Address Family Eye Group 2110 Harrisburg Pike City State Zip Code Lancaster PA 17601-2644 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 7 Transaction ID: 9d70041d7744f7511de Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

581.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Bonnie Silverman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address Suite 203 475 Tuckahoe Road		Transaction ID: 6E5VCF192082	
City State Zip Code Yonkers NY 10710-5716		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
B. Full Name (Last, First, Middle Initial) Abraham Sim		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 3915 Sunforest Court		Transaction ID: DGL74W486775	
City State Zip Code Toledo OH 43623-4453		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
C. Full Name (Last, First, Middle Initial) Brian Sippy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7	
Mailing Address 700 W Kent Avenue		Transaction ID: 77A3SD228077	
City State Zip Code Missoula MT 59801-6772		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC REFUNDED 11.29	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Eric Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address 3846 Lochwood Road		Transaction ID: B54BA0C4-443D-4EFE- Amount of Each Receipt this Period 500.00
City Kingsport	State TN	
Zip Code 37660		
FEC ID number of contributing federal political committee. C		
Name of Employer self 	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Cheryl Snyder		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 1300 Plaza Road		Transaction ID: 3LLQ2A953458 Amount of Each Receipt this Period 500.00
City De Soto	State TX	
Zip Code 75115-4242		
FEC ID number of contributing federal political committee. C		
Name of Employer self 	Occupation Ophthalmologist	Batch Tool - PAC Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Robert Sorenson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address 361 N San Jacinto Street		Transaction ID: f9abe913af6be0a3eb8 Amount of Each Receipt this Period 125.00
City Hemet	State CA	
Zip Code 92543-3118		
FEC ID number of contributing federal political committee. C		
Name of Employer self 	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Stamper			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address Ucsf Department Ophthalmology 10 Koret Way Room K-301			Transaction ID: 3O1QKY576153	
City State Zip Code San Francisco CA 94143-0001			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) George Stasior			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address Stasior and Stasior Eye Care Spec 8 Wade Road			Transaction ID: 3LLQ2A863121	
City State Zip Code Albany NY 12110-2608			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Sadiqa Stelzner			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address Santa Monica Eye and Medical Group 1908 Santa Monica Boulevard Suite			Transaction ID: 3LLQ6J538355	
City State Zip Code Santa Monica CA 90404			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

William Stinson

Mailing Address Suite 109G

100 Cummings Center

City

Beverly

State

MA

Zip Code

01915-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLQ2A721071

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Drew Stoken

Mailing Address 338 Alexander Spring Road

City

Carlisle

State

PA

Zip Code

17015-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: db2eb7af78a48f0750c

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Cameron Stone

Mailing Address 21 Medical Park Drive

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLQ2A862412

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Scott Strelow Mailing Address 5770 Club Lane City State Zip Code Roanoke VA 24018 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: E7D7F3D4-C2FD-4618- Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Gareth Tabor Mailing Address Suite 240 27 S State Street City State Zip Code Lake Oswego OR 97034-3935 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 7 Transaction ID: 4ed6913fcc2d7fc0c243 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 109 Crosspointe Court City State Zip Code Yorktown VA 23693-5581 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 Transaction ID: 0c5578395c3b9b7efaa Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Larry Robert Taub

Mailing Address 5744 Lbj Freeway Suite 150

City State Zip Code
 Dallas TX 75240-6382

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 3O1QKY137180

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Frank Stephen Teed

Mailing Address 2914 Cypress Drive

City State Zip Code
 Arkadelphia AR 71923-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: 7CLPN6397220

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Carla Territo

Mailing Address Suite 3011
 1224 Graham Road

City State Zip Code
 Florissant MO 63031-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 6a4f61a08478a331192

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

John Thomas

Mailing Address 50 Staniford St Ste 600

City State Zip Code
 Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 7

Transaction ID: 86F7B42E-BADB-4A75-

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Trexler Topping

Mailing Address 50 Staniford St
 Ste 600

City State Zip Code
 Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: DCBFA84F-BF32-434E-

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Kevin Treacy

Mailing Address 645 Ridgewood Road

City State Zip Code
 Duluth MN 55804-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: 74MM4O676685

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) E Winston Trice		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address Virginia Eye Instit 400 Westhaption Station		Transaction ID: 79ZSW5921618	
City Richmond State VA Zip Code 23226		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Gregory Trubowitsch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 741 Los Miradores Drive		Transaction ID: DGL74W645104	
City El Paso State TX Zip Code 79912-3451		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Paul Urrea		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address Suite 301 850 S Atlantic Boulevard		Transaction ID: 74MM4O464308	
City Monterey Park State CA Zip Code 91754-6710		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Vander

Mailing Address 910 E Willow Grove Avenue

City State Zip Code
 Wyndmoor PA 19038-7910

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7699326

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City State Zip Code
 Libertyville IL 60048-5321

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7502288

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. David Verdier

Mailing Address Suite 130
1000 E Paris Avenue Southeast

City State Zip Code
 Grand Rapids MI 49546-3680

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 79ZSW5892174

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Nancy Wang Mailing Address Suite 203 1807 Wilshire Boulevard City State Zip Code Santa Monica CA 90403-5678 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 7 Transaction ID: b00369d7aa28c052ddc Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Floyd Warren Mailing Address 530 First Avenue Suite 3-B City State Zip Code New York NY 10016-6402 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 159586c621a3cb9125c Amount of Each Receipt this Period 91.25
C. Full Name (Last, First, Middle Initial) John Waters Mailing Address 5055 W Bristol Road City State Zip Code Flint MI 48507-2922 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 74MM4O152723 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

516.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 3934 S Americus Street

City State Zip Code
 Seattle WA 98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 3O1QKY336451

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Joseph Weinstein

Mailing Address 4212 Hempstead Turnpike

City State Zip Code
 Bethpage NY 11714-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7192824

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Thomas Weiss

Mailing Address Suite 202
 4701 N Meridian Avenue

City State Zip Code
 Miami Beach FL 33140-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 6e545df3df418912d21

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Barry Welch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address Suite 280 721 Sheridan Avenue		
City	State	Zip Code
Cody	WY	82414-3439
FEC ID number of contributing federal political committee.		Transaction ID: 060dbdf16c2834e11d9
Name of Employer self		Amount of Each Receipt this Period 300.00
Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

B. Full Name (Last, First, Middle Initial) Robert Welch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address 526 H Shoup Avenue West		
City	State	Zip Code
Twin Falls	ID	83301-5050
FEC ID number of contributing federal political committee.		Transaction ID: 1526ca5ebc6d32b15c7
Name of Employer self		Amount of Each Receipt this Period 250.00
Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00

C. Full Name (Last, First, Middle Initial) Amy Wexler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 509 S Lenola Road Suite 11		
City	State	Zip Code
Lenola	NJ	08057-1556
FEC ID number of contributing federal political committee.		Transaction ID: 7CLPN6738642
Name of Employer self		Amount of Each Receipt this Period 500.00
Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Wherley

Mailing Address 2399 Baker Road Southwest

City State Zip Code
 New Philadelphia OH 44663-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 5 / 2 0 0 7

Transaction ID: DGL74W837784

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. William White

Mailing Address Suite 405
 1004 Carondelet Drive

City State Zip Code
 Kansas City MO 64114-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 79ZSW5130148

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Julia Whiteside-De Vos

Mailing Address 2984 Brighton Road

City State Zip Code
 Shaker Heights OH 44120-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 0 7

Transaction ID: 7116ce5070aec73d480

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Paul Wiesner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address Suite B 1800 E Pavilion Place		Transaction ID: 74MM4O523018
City Montrose	State CO	Zip Code 81401-5499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Stephen Wilmarth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 1830 Sierra Gardens Suite 100		Transaction ID: 79ZSF7922470
City Roseville	State CA	Zip Code 95661-2942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Catherine Wisda		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address Suite 2A 1318 S Main Road		Transaction ID: 0327821
City Vineland	State NJ	Zip Code 08360-6516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Brian Wnorowski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address Suite 206 530 Lakehurst Road		Transaction ID: 6E5VCF967822
City Toms River	State NJ	Zip Code 08755-8063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mei-Ling Yee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address Suite 208 142 Palisade Avenue		Transaction ID: 3LLPXY830297
City Jersey City	State NJ	Zip Code 07306-1108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 5124 Green Braes East Drive		Transaction ID: DAF6FF86-6899-45A0-
City Indianapolis	State IN	Zip Code 46234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Z Nicholas Zakov

Mailing Address 7779 Sugarbush Lane

City State Zip Code
 Gates Mills OH 44040-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 7

Transaction ID: 4689ab2cbc299c0c30e3

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Z Nicholas Zakov

Mailing Address 7779 Sugarbush Lane

City State Zip Code
 Gates Mills OH 44040-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 7

Transaction ID: 41de8b8fee5449258820

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Steven Zelko

Mailing Address 309 West Quinto Street

City State Zip Code
 Santa Barbara CA 93105-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: E7F11X811191

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

85487.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 85

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City State Zip Code
 San Francisco CA 94163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9694.63

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 56057-29015749692917

Amount of Each Receipt this Period

2696.07

Bank interest 11/07

SUBTOTAL of Receipts This Page (optional)

2696.07

TOTAL This Period (last page this line number only)

2696.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San FranciscoState
CAZip Code
94104Purpose of Disbursement
Bank fees 11/07

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 56057-98235720396042

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

287.28

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San FranciscoState
CAZip Code
94163Purpose of Disbursement
Bank fees 11/07

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 56090-05337160825729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

2052.74

SUBTOTAL of Disbursements This Page (optional) ►

2340.02

TOTAL This Period (last page this line number only) ►

2340.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
Contribution

Candidate Name
Charlie Melancon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 20135-7707330584526

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Coleman for Senate 08

Mailing Address 680 Transfer Road, Suite A

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution

Candidate Name
Norm Coleman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 20135-0176813006401

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contribution

Candidate Name
David Scott

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 20135-5372430682182

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Freedom Project; the

Mailing Address 424 C Street Northeast
Basement Unit

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2007 Contribution

Transaction ID: 20135-2664453387260

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Gayle Harrell

Mailing Address 1885 Northwest Eagle Point

City Stuart State FL Zip Code 34994

Purpose of Disbursement
2008 Primary

Candidate Name
Gayle Harrell

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 91654-40293520689011

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Gayle Harrell

Mailing Address 1885 Northwest Eagle Point

City Stuart State FL Zip Code 34994

Purpose of Disbursement
Contribution

Candidate Name
Gayle Harrell

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 91654-2110254168510

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kennedy for Congress

Mailing Address 303 N Broadway Suite 704

City Billings State MT Zip Code 59101

Purpose of Disbursement
Contribution

Candidate Name
William Kennedy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 01

Transaction ID: 20135-5507776141166

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Marion Berry for Congress

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Contribution

Candidate Name
Marion Berry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: 20135-1399804949760

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

Candidate Name
Mark Pryor

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 20135-1473504900932

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mike Crapo for Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
Contribution

Candidate Name
Michael Crapo

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Transaction ID: 20135-0203973650932

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Richard Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 20135-9212610125541

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contribution

Candidate Name
Aaron Schock

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: 20135-5736810564994

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Tuesday Group Political Action Committee

Mailing Address PO Box 40385

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2007 Contribution

Transaction ID: 20135-0064508318901

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Voice for Freedom

Mailing Address 2814 Spring Road Suite 103

City
Atlanta

State
GA

Zip Code
30339

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2007 Contribution

Transaction ID: 20135-0104028582572

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

40500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stacey Ackerman

Mailing Address Suite 302
1113 Hospital Drive

City Willingboro State NJ Zip Code 08046-1130

Purpose of Disbursement
Duplicate

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 40372-99796694517136

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ranjit Dhaliwal

Mailing Address 3520 Walton Way Extension

City Augusta State GA Zip Code 30909-6605

Purpose of Disbursement

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 84599-88602846860886

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. David Faber

Mailing Address 4400 S 700 E #200

City Salt Lake City State UT Zip Code 84107-3053

Purpose of Disbursement
Duplicate

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 84599-70899599790573

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 / 85

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Moore

Mailing Address Lansing Ophth
2001 Coolidge Road

City East Lansing State MI Zip Code 48823

Purpose of Disbursement
Duplicate

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 84599-30862063169479

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Sippy

Mailing Address 700 W Kent Avenue

City Missoula State MT Zip Code 59801-6772

Purpose of Disbursement
PAC

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 82734-76646059751511

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Versackas

Mailing Address Suite 202
1212 Pleasant Street

City Des Moines State IA Zip Code 50309-1411

Purpose of Disbursement
Dup

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 36634-74435061216355

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

2350.00